

The Good Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Good Practice on 18 May 2016. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not adequately assessed for example the practice did not have oxygen or a defibrillator available for use in an emergency and had not assessed the risks of this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment and there were limited urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure patient specific prescription or direction from a prescriber are in place in accordance with legislation to support the Health Care Assistant with the safe administration of vaccines and medicines.

Summary of findings

- The practice should ensure an automated external defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen are available or should carry out a risk assessment to identify what action would be taken in an emergency.
- Implement processes to continually assess risks to patients and staff, such as carry out an infection control audit and fire drills.

The areas where the provider should make improvement are:

- Review the telephone and booking system to ensure that patients are able to book appointments when needed.
- Review the practice's opening hours in light of patient feedback in the GP patient survey
- Review their exception reporting in relation to the Quality and Outcomes Framework (QOF) with the aim of reducing it. Implement processes to improve the uptake for the cervical screening programme.
- Document the practice vision and ensure the practice strategy and supporting business plans reflect it.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly-defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice did not have oxygen or a defibrillator available and had not risk assessed their arrangements to deal with medical emergencies.
- The HCA was administering vaccines which should be supported by a patient specific prescription /direction from a prescriber however these were not in place.
- The practice had not completed a recent infection control audit
- The practice had not carried out a fire drill in the last two years

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national averages. The most recent published results were 82% of the total number of points available which was 6% below the CCG and 12% below the national average.
- The uptake for the cervical screening programme was 42%, which was well below the CCG average of 75% and below the national average of 82% however the practice did not provide cervical smear testing.

Summary of findings

- Staff told us they worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make appointments on occasions. Some urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, the vision was not documented and the practice did not have a strategy and supporting business plans to support it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Requires improvement



Summary of findings

- There was a governance framework which supported the delivery of care. This included arrangements to monitor and improve quality and identify some risks.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated as requires improvement for people with long term conditions.

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients over 75 years had a named GP to co-ordinate their care
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They carried out home visits when needed.
- One GP provided twice weekly ward rounds at a local older persons home.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for people with long term conditions.

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The HCA carried out reviews of patients with diabetes and respiratory conditions
- Performance for diabetes related indicators was 58%, which was 22% below the CCG and 31% below national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 56% compared to the CCG average of 72%. Longer appointments and home visits were available when needed.
- All these patients had a named GP however review to check their health and medicines needs were being met was carried out opportunistically.
- The practice has signed up to provide Spirometry and ABPM (ambulatory blood pressure monitoring) as part of the 'out of hospital' services.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the CCG for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 42%, which was below the CCG average of 75% and below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for the care of working age people.

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Practice patients had access to extended hours appointments at another local practice at weekends.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for the care of people whose circumstances may make them vulnerable.

Requires improvement



Summary of findings

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for the care of people experiencing poor mental health.

The provider was rated as requires improvement for safe and well led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 94%
- Patients experiencing poor mental health were invited to attend annual physical health checks and 83 out of 108 had been reviewed in the last 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages. There were 92 responses and a response rate of 24% which was 2% of the patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 86% and a national average of 73%.
- 87% found the receptionists at this surgery helpful compared to CCG average of 86% and a national average 87%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 86% and a national average 85%.
- 90% said the last appointment they got was convenient compared to a CCG average 91% and a national average 92%.

- 71% described their experience of making an appointment as good compared to a CCG average 78% and a national average 73%.
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 63% and a national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards and all were positive about the standard of care received.

We spoke with two patients during the inspection. Both said that they were happy with the care they received and thought staff were approachable, committed and caring.

The Good Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to The Good Practice

The Good Practice provides GP primary care services to people living in the south of the London Borough of Kensington and Chelsea. It had just over 3000 people registered. It is located in an urban area, one of the most densely populated in the United Kingdom. There is a far higher proportion of 20-39 year old people living in Kensington and Chelsea than in most areas, and a lower proportion of younger people (under 19 year olds) and people over the age of 50.

The practice is staffed by two GP partners – one male and one female who do a total of 16 sessions a week. Other staff include, a healthcare assistant, practice manager and two receptionists. They have one surgery in Kings Road, Chelsea. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice was open from 8.30am to 6.00pm Mondays to Friday, except Wednesdays when they closed at 12 noon. Patients had access to GPs at other local surgeries on Saturdays and Sundays between 9am to 4pm. The telephones were staffed throughout working hours, except between 12.00pm and 2.00pm when the phones were

switched over to the 'out of hours' provider. Appointment slots were however, only available between 9am - 11am and 2.30pm and 4.30pm. The 'out of hours' services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed. Longer appointments were available for patients who needed them and those with long-term conditions. This included appointments with a named GP or health care assistant. Pre-bookable appointments could be booked up to one week in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services for patients with diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 May 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the practice manager and the HCA. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff we spoke with were aware of their responsibilities to bring them to the attention of the practice manager. These were usually discussed on the day they occurred and at the monthly staff meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an annual basis.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw that where a patient had complained about the care a dependent had received, the GP met with the patient to explore the parent's concerns, identify their expectations and support them in the best way possible.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinicians were trained to child protection level 3 and non-clinicians were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. We were told that one GP acted as a chaperone.
- All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a weekly cleaning audit carried out. Cleaning records were kept which showed that all areas in the practice were cleaned daily. One of the GPs was the infection control clinical lead and had undertaken further training to enable them to provide advice on the practice infection control policy. All staff had received infection control training, however, the practice had not completed an infection control audit and were unable to provide evidence of when the last audit had been undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The Health Care Assistant was trained to administer vaccines and medicines; however there were no patient specific prescription or direction from a prescriber to allow HCA to administer medicines in line with legislation.

Are services safe?

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Cervical screening was not carried out at the practice, however the practice received alerts when people did not attend and followed up with these women.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments but had not carried out a fire drill for some time. All electrical equipment was checked to ensure the equipment was safe to use and the last one had been carried out in March 2016. Clinical equipment was also checked to ensure it was working properly. The practice had also carried out legionella testing to its water supply. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the practice manager provided cover for the receptionist staff when needed for all absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have defibrillator or oxygen available on their premises and had not risk assessed how they would respond to medical emergencies.
- A first aid kit and accident book were available at reception.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The GP we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had weekly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 82% of the total number of points available which was 6% below the CCG and 12% below the national average. They had 14% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We were told that level of exception reporting was mainly due to the amount of diabetes patients who refused to attend their reviews. They said they also had other vulnerable patients such as those suffering with mental health and homeless who had high rates of declining reviews. Further, a number of patients had multiple morbidities that either prevented QOF monitoring or made it inappropriate.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 58%, which was 22% below the CCG and 31% below national averages.
- Performance for mental health related indicators was 55%, which was 30% below the CCG and 37% below national averages.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. For example, the practice had carried out a review of patients taking simvastatin (used to lower cholesterol) at doses of 40mg or above in combination with either amlodipine, (improves blood flow) or diltiazem (used to relax the muscles of the heart) to ensure prescribing was in line with MHRA recommendations. The practice identified that 11 patients were being prescribed simvastatin 40mg in combination with either amlodipine or diltiazem. The record of each identified patient was reviewed and the dose of Simvastatin was reduced to 20 mg for 10 patients. Patients were invited to make an appointment to discuss the reduction in dose of simvastatin, including information for this decision.
- The practice participated in local audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff, except the GPs had been at the practice less than 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told meetings took place with other health care professionals on an ad-hoc basis when care plans were reviewed and updated for patients with complex needs. However, there were no minutes available for these meetings as the GP said they write directly into the patients records.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.
- The HCA provided smoking cessation advice at the practice.

The practice did not carry out cervical screening at their surgery; we were told it was done at another local surgery. They said the NHS would send out letters inviting women for their test and the practice would receive an alert if women did not attend their appointment. They would then follow up these women by telephone. The uptake for the cervical screening programme was 42%, which was well below the CCG average of 75% and below the national average of 82%. The practice was aware of their performance in this area and said they were trying to improve their take up figures. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The GP told us there were high levels of patients from abroad who preferred to return to their country of birth for screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 54% to 93% and five year olds from 52% to 79%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received three patient Care Quality Commission comment cards and all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients on the day who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop installed.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 48 patients as carers (1% of the practice list). The practice provided information to carers to direct them to various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended a monthly forward planning meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care. The GPs carried out home visits when needed. Double appointments were available for these patients when required. The practice was responsible for a care home with 70 people. One GP provided twice weekly ward rounds at the home. The practice had monthly multi-disciplinary meetings (MDT) involving the home pharmacist, nursing staff, care staff and GPs.
- The practice held registers for patients in receipt of palliative care, and who had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- The practice was managing patients with Long Term Conditions (LTC). The HCA carried out reviews of patients with diabetes and respiratory conditions. The practice had signed up to provide Spirometry and ABPM (ambulatory blood pressure monitoring) as part of the 'out of hospital' services. The GP told us they had identified the need to work closely with the community care team and had arranged to have six -weekly MDT meetings with District Nurses and community pharmacists.
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments at weekends at another local practice. They offered on-line services which included appointment management, repeat prescriptions and registration. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients, were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff to vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments and risk assessment stratification. One GP attended a weekly clinic for homeless people, held at a church in conjunction with other support agencies, such as mental health and substance mis-use services. Patients with learning disabilities were invited annually for a review and three out of four people on their register had been reviewed in the last twelve months.
- The practice had a register of patients experiencing poor mental health and all had a named GP. These patients were invited to attend annual physical health checks and 83 out of 108 had been reviewed in the last 12 months. We were told patients were also referred to other services for support around depression and psychosis. Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if they presented.
- The practice carried out care planning for patients with dementia and had achieved 100% of the latest QOF points which was above both CCG and national averages.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open from 8.30am to 6.00pm Mondays to Friday, except Wednesdays when they closed at 12 noon. Patients had access to GPs at other local surgeries on Saturdays and Sundays between 9am to 4pm. The

Are services responsive to people's needs?

(for example, to feedback?)

telephones were staffed throughout working hours, except between 12.00pm and 2.00pm when the phones were switched over to the 'out of hours' provider. Appointment slots were however, only available between 9am - 11am and 2.30pm and 4.30pm. The 'out of hours' services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed. The practice did not have a website. Longer appointments were available for patients who needed them and those with long-term conditions. This included appointments with a named GP or health care assistant. Pre-bookable appointments could be booked up to one week in advance; urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than the national averages.

- 63% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients we spoke with us on the day of the inspection told us that it was sometimes difficult to get through by phone to make an appointment when they needed them. Further, both patients we spoke with and feedback on our comments cards, felt the practice could open longer or they did not have enough doctors.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. All verbal complaints were recorded.
- The practice manager handled all complaints in the practice. We saw that these were analysed on an annual basis and the outcome and actions were sent to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that where a patient had complained about not getting being able to get an 'on the day' appointment. The practice reviewed alternative services available in the area for on the day appointments and ensured written patient information about these centres was available for receptionists to give out.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver quality care and to its patients.

- Staff told us the practice vision was to continually improve the quality of care they deliver to their patients. However, we found the mission statement was not written down anywhere and the practice did not have a strategy and supporting business plans which reflected the vision.

Governance arrangements

The practice had a governance framework which supported the delivery of care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities. We spoke with four members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing below national standards. They had scored 759 out of 900 in 2014 and 458 out of 559 in 2015 which was 6% below the CCG and 12% below the national average. We saw QOF data was reviewed and discussed at the weekly clinical meetings.
- There were some arrangements in place for clinical and internal audits to monitor quality and to make improvements. The practice had carried out clinical audits in relation to simvastatin prescribing and referrals to gastroenterology.
- There were some arrangements for identifying, recording and managing risks. For example, all patients deemed vulnerable had risk assessments in their

records. However, they did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users as they had not undertaken an infection control audit and did not have an automated external defibrillator or oxygen available.

Leadership and culture

On the day of inspection the leadership in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice had bi-weekly team meetings and that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. They felt they worked well together as a team which listened and learnt, and were aware of their areas for improvement, such as the need to improve their flu vaccinations for patients under 65.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the friends and family test and through complaints received. The practice did not have an active PPG, but said they had one in the past and was in the process of setting up another one.
- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to

give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they had signed up to provide a number of the 'out of hospital' services.

Further, the HCA was undertaking a care certificate and the practice manager had completed a Care Certificate assessor's course in order to provide supervision and support to the HCA in-house.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The provider had not undertaken an infection control audit and there were no patient specific prescription or direction from a prescriber to allow HCA to administer medicines in line with legislation. The practice did not have an automated external defibrillator or oxygen available and had not carried out a risk assessment to identify what action would be taken in an emergency.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>